

2007 MICHIGAN EHDl CONFERENCE

Early Hearing, Detection & Intervention

Registration and payments are due by February 8, 2007. Please complete one form per registrant, make copies as needed.

Name _____
Title _____
Agency _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

FEES

- | | |
|--|---------|
| <input type="checkbox"/> Parent of a young child with hearing loss | \$30.00 |
| <input type="checkbox"/> Family (2 persons) of a young child with hearing loss | \$50.00 |
| <input type="checkbox"/> Professional that works with young children with hearing loss | \$75.00 |
| <input type="checkbox"/> Registration and payments received after February 8, please add | \$25.00 |
| <input type="checkbox"/> Requesting ASHA Continuing Education, please add | \$15.00 |

Total Fee \$ _____

PAYMENT METHOD Payments must be received by February 8, to avoid the late fee.

- | | |
|---|---|
| <input type="checkbox"/> Payment Enclosed | <input type="checkbox"/> Payment at Conference
(additional \$25.00 fee will apply) |
|---|---|

SPECIAL NEEDS

- | | |
|--|---|
| <input type="checkbox"/> I require a vegetarian meal | <input type="checkbox"/> Other special needs – call MPHI |
| <input type="checkbox"/> Interpreter
type _____ | <input type="checkbox"/> Assistive listening device
type _____ |

Reasonable accommodations will be granted if request is received by February 8, 2007.

CONCURRENT SESSION SELECTIONS

- | | |
|---|---|
| <input type="checkbox"/> A1 | <input type="checkbox"/> B1 |
| <input type="checkbox"/> A2 2 nd Choice _____ | <input type="checkbox"/> B2 2 nd Choice _____ |
| <input type="checkbox"/> A3 | <input type="checkbox"/> B3 |

Please send completed registration form with check payable to:

Michigan Public Health Institute - E&T

2436 Woodlake Circle, Suite 380

Okemos, MI 48864

Or FAX to: (517) 324-6080

If you have any questions regarding registration, please call MPHI offices at (517) 324-8366.